

## Clinical Cases.

---

### A CASE OF MYXEDEMA IN THE MALE.

By ALLAN McLANE HAMILTON, M.D.

Upon the 16th of April of the present year I was requested by Drs. J. S. Crane and Petit, of Elizabeth, N. J., to see with them Mr. S., an Italian, forty-eight years of age. Mr. S. was born in a small Italian town between Milan and Turin, and has been in this country many years. He is a well-educated man, and the editor of a daily journal. So far as I can learn, he has been engaged in no injurious occupation, and his habits have been remarkably good. He has never had syphilis, nor any disease of moment except a "gastric fever" some years ago. His family history is decidedly neurotic. His father died of cerebral apoplexy, a paternal uncle and sister were insane, and there is a vague account of other trouble.

About eight months ago (August, 1884), while working with a lawn mower in his little garden, he caught cold, as he supposed, and the same evening suffered from pains of an intense character, which first involved his left shoulder, and afterwards his right arm. So intense was their character that large hypodermic injections of morphia were required for his relief. The pains have been paroxysmal in character since that time, subsiding for a few months and returning the last time about one month ago. Besides the arms, they affect the right side of the face, and the gums and lips, and the right half of the tongue. In some respects they resemble neuralgia. A peculiarity of their appearance is that there is a certain periodicity—an afternoon exacerbation—which lasts several hours. He has for some time suffered from migraine and paroxysms of cardiac distress somewhat resembling angina pectoris, and this was a feature of the cases of myxedema reported by Hopkins, Morvan, and Ballet, and of female case reported by me in 1882. After the first weeks of pain, both hands became swollen, and then both legs, and finally the face, but the swelling seemed to bear no relation to the district of sensory trouble.

He has been able to go about with great difficulty, and upon the occasion of my first visit was in bed. I was impressed at first sight by certain cutaneous and hairy changes which were very striking. His face was swollen, and of a peculiar pasty-white color; his lips were thick and blanched, and his eyes were dull and lustreless. His hair and beard, which had become silvery white several years ago, presented a curious appearance, for within the past two or three months streaks of coarse new black hair have sprouted out in distinct masses, in great contrast with the white. This was found to be the case in his beard, and on top of his head, which had been bald for some time, but is now covered by a new growth.

His tongue was thick and indented at the edges, and was used with some, though not great, awkwardness.

Either labio-nasal fold was found to be hard and dense, and there is a well-marked tissue thickening, and in various spots about the eyes and at the side of the face a scleroderma had taken place. The thyroid could not be felt. Both hands were enormously swollen, and all the joints were enlarged and the seat of a hard, non-resilient swelling. So great was this, that he could not flex his fingers except to a very limited degree. There was no pain either upon pressure or movement. The left hand was much the weaker of the two. The ends of all the fingers were broad and clubbed, and the nails horny and brittle.

Both legs and thighs were affected, those of the left side being the weakest, and the movements of flexion and extension were of the feeblest description. Both feet were swollen, and though in places pitting which did not resemble that of albuminuria was obtained, there were hard territories which resisted the impress of the finger. The skin not only of the legs but elsewhere was of a dead white color, and it was impossible to produce redness even by violent slapping or friction. The cutaneous surface of the legs was exquisitely hyper-aesthetic. Deep pressure was poorly distinguished. There was general and prompt cutis anserina. For two or three months he has not perspired, and it has been impossible to stimulate the sweat glands, and his surface is dry and shining.

Certain curious skin changes have marked the progress of the disease. Over the lower part of the abdomen is a large area of bronzing, with crescentic patches of blanched skin having sharply defined edges. The supra-pubic hair is black, and in places it has disappeared in limited spots. His chest and arms, since the commencement of the disease, have been covered with dense growths of black hair, and resemble in these places the body of an animal.

His mind has undergone a decided weakening, and he is petulant, irritable, and very despondent. So far he has been able to do a great deal of literary work upon the newspaper of which he is the editor, he has had no delusions nor hallucinations, and his memory is fair.

Digestion is impaired, and like other patients he is troubled by

flatus, sour eructations, and epigastric uneasiness. His appetite is capricious, and his stomach does not tolerate many drugs.

No valvular trouble exists, though the vascular tension is greatly increased. Pulse averages 80. The deep temperature upon the right side is slightly higher than on the left, though the surface temperature which has been repeatedly taken is sometimes as much as one or two degrees higher upon the left side and *always higher* than the right. There is no loss of the senses of smell or taste. His tendinous reflexes are all absent, but his skin reflexes are, if any thing, exaggerated.

Repeated and careful examination of his urine by Dr. Crane revealed no evidence of renal disease whatever, and there is no significant alteration in quantity. The symptom so constantly observed by those who have reported cases, namely, the increase of the secretion of saliva, is present here. The patient's mouth is often filled with a tenacious, jelly-like saliva, which he is obliged sometimes to remove with his finger.

His speech is slow and has been for two months or more, and is somewhat ataxic, but he can with deliberation pronounce quite distinctly. His hearing, so far, has not suffered to any great degree.

His eyesight is not good, though there is no history of scotoma, which certain authors have mentioned. Examination of the fundus revealed no change except greater pigmentation, and he had no paralysis of the ocular muscles. His color-sense is good.

He is very susceptible to the influence of heat and cold, especially the latter. He complains of subjective coldness, tires easily, and seems to have lost strength to a marked degree. The treatment has consisted of opium for his pain and nitro-glycerine in doses of  $\frac{1}{30}$  of a grain thrice daily.

I saw him a second time on May 8, 1885, and found a most curious change had taken place, the beard having become almost uniformly dark. His abdominal staining had increased, but his face was not so swollen as on the previous visit. For a week or so the function of the sweat glands had been restored, and at night he had profuse sweating. A curious condition of affairs existed—when any joint was flexed, or when the hand was held beneath the tendo Achilles and the foot moved, a distinct and peculiar crepitus was detected.

So far as I know this is the first male case of this rare disease that has been reported in this country, and I only know of five or six American female cases. The only Continental male cases are those reported by Rösch, Bourneville, Ollier, and Morvan.

Some possible interest is attached to the history from the fact that the patient was born in a part of Italy where cretenoid idiocy and pellagra are not uncommon, and the relation of these two conditions with that under consideration has been hinted at by Gull, Duckworth, and certain French authors. So far as I know there is no other cause which could account for its origin.